



APPLICATION ASSUMPTION PROGRAM OF LOANS FOR EDUCATION (APLE) FOR OUT-OF-STATE TEACHERS

Filing Deadline for California Student Aid Commission (Commission): **June 30, 2000**

School's Postmark Filing Deadline (if different from the Commission's): _____

Return To: _____

1. LAST NAME		FIRST NAME		MIDDLE INITIAL	2. SOCIAL SECURITY NUMBER	
3. STREET ADDRESS			CITY		STATE	ZIP CODE
4. DATE OF BIRTH	5. AGE	6. GENDER		7. TELEPHONE NUMBER		
		____ Male ____ Female		()		

8. I DESCRIBE MYSELF AS ONE OF THE FOLLOWING: (Optional)

- | | | |
|---|--|---|
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> PACIFIC ISLANDER | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> HISPANIC/LATINO | <input type="checkbox"/> ASIAN, VIETNAMESE | <input type="checkbox"/> OTHER (specify): _____ |
| <input type="checkbox"/> FILIPINO | <input type="checkbox"/> AMERICAN INDIAN, ALASKAN NATIVE | |

9. I AM: (Check one)

- ☐ A U.S. CITIZEN OR NATIONAL ☐ AN ELIGIBLE NONCITIZEN (You must enclose evidence from the U.S. Immigration and Naturalization Service if you checked this box).

10. I CURRENTLY HOLD THE FOLLOWING OUT-OF-STATE CREDENTIAL(S):

TYPE & SUBJECT: _____ DATE RECEIVED: _____
TYPE & SUBJECT: _____ DATE RECEIVED: _____

11. I INTEND TO OBTAIN THE FOLLOWING TYPE OF CALIFORNIA TEACHING CREDENTIAL:

- | | |
|--|--|
| <input type="checkbox"/> SINGLE SUBJECT IN _____ | <input type="checkbox"/> SPECIALIST CREDENTIAL |
| <input type="checkbox"/> MULTIPLE SUBJECT _____ | <input type="checkbox"/> OTHER: _____ |

12. I INTEND TO PROVIDE CALIFORNIA TEACHING SERVICE IN THE FOLLOWING AREA - (Check only one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Mathematics (grades 7-12) | <input type="checkbox"/> Science (Life/Physical) (grades 7-12) | <input type="checkbox"/> Bilingual Education |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Reading Specialist | <input type="checkbox"/> Low-Income School |

NOTE: THE TEACHING AREA SELECTED CANNOT BE CHANGED AT A LATER DATE WITHOUT THE COMMISSION'S APPROVAL.

13. I CURRENTLY OWE THE FOLLOWING TYPES OF EDUCATIONAL LOANS:

Loan Type:	Subsidized	Unsubsidized	Outstanding Balance	Lender/Service:
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Direct	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Perkins	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Consolidation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

14. I PLAN TO TEACH IN THE FOLLOWING SCHOOL DISTRICT FOR THE 2000-2001 SCHOOL YEAR:

County: _____ School Name: _____
School District: _____ Start Date: _____

(PLEASE TURN TO BACK OF APPLICATION TO CONTINUE)

By signing this application I understand and certify that:

- I must be selected by the County Office of Education Coordinator in order to participate in the APLE program;
- I have read and understand the APLE Brochure for Out-of-State Teachers;
- I must adhere to the application deadline and understand that applications are submitted by the County Office of Education;
- I hold a valid teaching credential in the subject area for which I am securing a California teaching position;
- I have an eligible outstanding educational loan as indicated in item #13 on the front of this form;
- I do not currently live in California and am not currently employed as a teacher in California;
- I agree to teach full-time in a public K-12 school in a designated subject matter area or in a low-income school;
- If selected as an APLE participant, I must sign a Conditional Warrant agreeing to provide four consecutive years of qualifying teaching service in the subject shortage or low-income school designated in item #12 of this application; and
- I will comply with all student loan repayment obligations and continue making scheduled payments until notified by my lender(s) that the loan is paid in full.

I declare under penalty of the laws of the State of California and of the United States (U.S.) that this form has been examined by me and to the best of my knowledge and belief it is true, correct, and complete. I am free of any obligation to repay any state or federal educational grant and I am not in default on any state or federally insured educational loan. I authorize the Commission to receive and to release information regarding this application and other information I have provided concerning my application between appropriate public and private agencies.

SIGNATURE OF APPLICANT

DATE

Definition of an Eligible Non-Citizen:

- U.S. permanent resident, and you have an Alien Registration Receipt Card (I-151 or I-551);
- Conditional permanent resident (I-151C)
- Other eligible noncitizen with an Arrival-Departure Record (I-94) from the U.S. Immigration and Naturalization Service showing any one of the following designations: (a) "Refugee," (b) "Asylum Granted," (c) "Indefinite Parole" and/or "Humanitarian Parole," (d) "Cuban-Haitian Entrant."

State of California Information Practices Act (IPA) of 1977 & Use of Your Social Security Number

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The officials responsible for maintaining the information contained on this form are the Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.

SELECTED APPLICATIONS MUST BE SUBMITTED BY THE COUNTY OFFICE OF EDUCATION AND MAILED TO:

CALIFORNIA STUDENT AID COMMISSION

ASSUMPTION PROGRAM OF LOANS FOR EDUCATION

P.O. BOX 419029

RANCHO CORDOVA, CA 95741-9029

PHONE: (916) 526-8276 FAX: (916) 526-7977